

Tucson Indian Center



Executive Summary

Summarizes the Site, Parking, Facility Size, Staff and Contract Health Dollars necessary for the Service Delivery Plan in 2015. Identifies the Direct Care Services Offered to include highlighting any new services. Identifies the communities and population served for each service.

The second page of the Executive Summary documents the priority resource issues as identified through the Master Planning process.

Historical Utilization by Location of Encounter

Documents 3 years of RPMS and contract care workloads provided at the facility predominantly serving the Primary Care Service Area by product line and specialty.

Historical Utilization by Community of residence

Documents 3 years of RPMS and contract care workloads provided to the user population of the Service Delivery Area by product line and specialty.

Market Assessment

Compares the Historical Workload to the Health System Planning software and to national averages of patient care utilization, projecting future workloads based upon the worst case of these three planning scenarios. Also documents the percentage of care that will require contracting due to acuity and the quantity of care that can potentially be served by the direct care system.

Service Delivery Plan

Recommended service delivery plan by product line based upon projected workload, key characteristics, patient classification and tribal and IHS input.

Resource Allocation

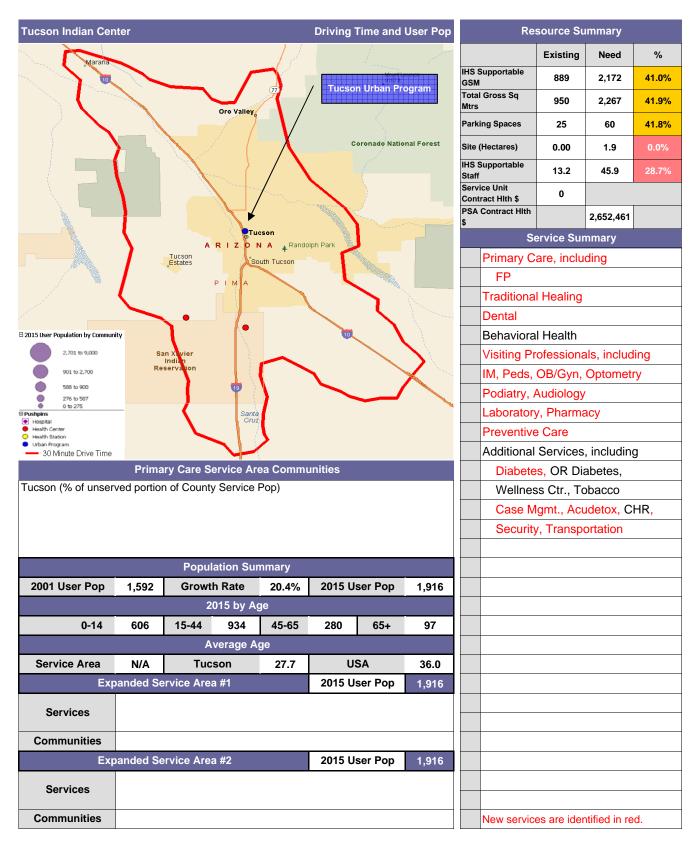
Quantifies the necessary space and key characteristics for the Service Delivery Plan and compares them against existing resources. Also tabulates necessary contract health dollars based on the delivery plan.

THE INNOVA GROUP

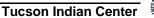
Tucson Indian Center



Executive Summary



assessment & delivery wkbk - tucson urban program - Exec Sum 1 © 2004





Executive Summary

Service Area Description

The Tucson Indian Center (TIC) is a Native American Urban Program serving the Primary Care Service Area communities listed on the previous page, and is located in the core downtown area of Tucson Arizona.

TIC is a cooperative and supportive entity with the Tucson IHS Area, and coordinates aspects of its healthcare delivery and workload requirements with the Tucson Area system.

It sends most of its referral workload to San Xavier Health Center, Arizona for ambulatory services. The closest alternative care options can be found in Tucson for Primary, Secondary, and Tertiary Care.

As noted in the Service Summary on the previous page, TIC operates as an Urban Program.

It currently offers referral, counseling and prevention services. It plans on providing a limited spectrum of outpatient health services and supporting ancillary services in the planning projection year.

	Services & Resourcing Priorities
1	Provide family practice provider, space and exam rooms
2	Provide dental care on-site with chairs and space
3	Obtain needed mental health counselors
4	Provide traditional healing with needed space
5	Provide dedicated public health nursing staff and space
6	Provide dedicated Information Management staff and space
7	Increase administrative staff
8	Increase outreach diabetes program staff and space
9	Increase wellness center staff and space
10	Provide accu-detox staff and space
11	
12	
13	
14	
15	
16	
17	
18	

Tucson Indian Center



Executive Summary

	Campus Infrastructure Priorities
	Awaiting list - new facility
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	

	Functional Deficiencies
1	Awaiting list - new facility
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	

assessment & delivery wkbk - tucson urban program - Exec Sum 2 $\ @$ 2004

Historical Workloads



Historical Workloads by Location of Encounter

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

		Direct or Trib	al Health Ca	are		Contract Health Care					
Discipline	2000	2001	2002	Average	2000	2001	2002	Average	% Contract Care		
		Provider	Visits Only			F	Provider Visits	Only			
Primary Care											
Family Practice				0				0	0%		
Internal Medicine				0				0	0%		
Pediatric				0				0	0%		
Ob/Gyn				0				0	0%		
Emergency Care											
Emergency/Urgent				0				0	0%		
ER/Non-urgent				0				0	0%		
Specialty Care											
Orthopedics				0				0	0%		
Ophthalmology				0				0	0%		
Dermatology				0				0	0%		
General Surgery				0				0	0%		
Otolaryngology				0				0	0%		
Cardiology				0				0	0%		
Urology				0				0	0%		
Neurology				0				0	0%		
Nephrology				0				0	0%		
Allergy				0				0	0%		
Pulmonology				^				^	00/		
Gerontology											
Gastroenterology	N	lo Provide	er Codes	within RP	MS Syste	m for the	se types	of Specia	alist.		
Rheumatology					,		,				
Oncology					_						
Pediatric-Genetics				0				0	0%		
Traditional Healing				0				0	0%		
Totals	0	0	0		0	0	0		0%		
Direct & Tribal Care + Contract Care	0	0	0								
* Provider Visits - Document visits	to a Physiciar	n, Nurse Prac	titioner, Midw	rife, and or Ph	ysician Assista	ant.					
Other Ambulatory Care Ser	•		•		-						
Dental Service Minutes	0	0	0	0				0	0%		
Optometry Visits	J	- U		0				0	0%		

Dental Service Minutes	0	0	0	0				0	0%
Optometry Visits				0				0	0%
Podiatry Visits				0				0	0%
Dialysis Patients	0	0	0	0				0	0%
Audiology Visits				0				0	0%
Outpatient Behavioral									_
Health									
Mental Health Visits	0	0	0	0				0	0%
Psychiatry				0				0	0%
Social Services Visits	0	0	0	0				0	0%
Alcohol & Substance Abuse Visits	0	0	0	0				0	0%
BH Visit Totals	0	0	0	0	0	0	0	0	0%

THE INNOVA GROUP

assessment & delivery wkbk - tucson urban program - Historical Workloads by LOE @ 2004

Historical Workloads



Historical Workloads by Location of Encounter

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

Thistorical Workloads according		irect or Trib		ire		Contract Health Care					
Discipline	2000	2001	2002	Average	2000	2001	2002	Average	% Contract Care		
Inpatient Care									_		
Labor & Delivery Births				0				0	0%		
Obstetrics Patient Days				0				0	0%		
Neonatology Patient Days				0				0	0%		
Pediatric Patient Days				0				0	0%		
Adult Medical Patient Days											
Cardiology				0				0	0%		
Endocrinology				0				0	0%		
Gastroenterology				0				0	0%		
General Medicine				0				0	0%		
Hematology				0				0	0%		
Nephrology				0				0	0%		
Neurology				0				0	0%		
Oncology				0				0	0%		
Pulmonary				0				0	0%		
Rheumatology				0				0	0%		
Unknown				0				0	0%		
	0	0	0	0	0	0	0				
Medical Patient Day Total	0	U	U	U	U	U	U	0	0%		
Adult Surgical Patient Days				0				0	00/		
Dentistry				0				0	0%		
Dermatology				0				0	0%		
General Surgery				0				0	0%		
Gynecology				0				0	0%		
Neurosurgery				0				0	0%		
Ophthalmology				0				0	0%		
Orthopedics				0				0	0%		
Otolaryngology				0				0	0%		
Thoracic Surgery				0				0	0%		
Urology				0				0	0%		
Vascular Surgery				0				0	0%		
Surgical Patient Day Total	0	0	0	0	0	0	0	0	0%		
Psychiatry Patient Days				0				0	0%		
Medical Detox Patient Days				0				0	0%		
Sub Acute/Transitional Care	0	0	0	0				0	0%		
Inpatient Care Totals	0	0	0	0	0	0	0	0	0%		
pationi dare rotato									070		
Direct & Tribal + Contract	0	0	0	0							
Care	Ü	O .	O	0	No D	ata Sourd	ce at this	time			
Substance Abuse Non- Acute	Care										
Adult Residential Treatment	0	0	0	0	0	0	0	0	0%		
Adol. Residential Treatment	0	0	0	0	0	0	0	0	0%		
CA Transitional Ca	•	0	•	0	•	^	•	0	00/		
SA Transitional Care	0	0	0	0	0	0	0	0	0%		
Substance Abuse Totals	0	0	0	0	0	0	0	0	0%		
Elder Care											
Skilled Nursing Patients	0	0	0	0				0	0%		
Assisted Living Patients	0	0	0	0				0	0%		
Hospice Patients	0	0	0	0				0	0%		
							_				
Nursing Home Totals	0	0	0	0	0	0	0	0	0%		

assessment & delivery wkbk - tucson urban program - Historical Workloads by LOE © 2004

Page 6 January 5, 2005

Historical Workloads



Historical Workloads by Location of Encounter

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

	D	irect or Trib	al Health Ca	ire	Contract Health Care					
Discipline	2000	2001	2002	Average	2000	2001	2002	Average	% Contract Care	
Ancillary Services										
Lab Billable Tests	0	0	0	0				0	0%	
Pharmacy Scripts	0	0	0	0				0	0%	
Acute Dialysis Procedures				0				0	0%	
Radiographic Exams	0	0	0	0				0	0%	
Ultrasound Exams	0	0	0	0				0	0%	
Mammography Exams	0	0	0	0				0	0%	
Fluoroscopy Exams	0	0	0	0				0	0%	
CT Exams	0	0	0	0				0	0%	
MRI Exams				0				0	0%	
Nuclear Medicine Exams				0				0	0%	
Rad. Oncology Treatments				0				0	0%	
Chemotherapy Treatments				0				0	0%	
Physical Therapy Visits				0				0	0%	
Occupational Therapy Visits				0				0	0%	
Speech Therapy Visits	•		•	0				0	0%	
Respiratory Therapy	0	0	0	0				0	0%	
Cardiac Catheterization	0	0	0	0				0	0%	
Home Health Care Patients Minor Procedure Cases	0	0	0	0				0	0%	
Endoscopy				0				0	0%	
Outpatient Surgery Cases				U				U	0%	
Cardiovascular				0				0	0%	
Digestive				0				0	0%	
Endocrine				0				0	0%	
ENT				0				0	0%	
Gynecology				0				0	0%	
Hemic and Lymphatic				0				0	0%	
Integument				0				0	0%	
Musculoskeletal				0				0	0%	
Nervous				0				0	0%	
Ocular				0				0	0%	
Respiratory				0				0	0%	
Urogenital				0				0	0%	
OP Surgical Case Total	0	0	0	0	0	0	0	0	0%	
Inpatient Surgery Cases				0				0	0%	
Surgical Case Total	0	0	0	0	0	0	0	0	0%	
Direct & Tribal + Contract Care	0	0	0	0						
Juit										
EMS - Pre-Hospital Resp.	0	0	0	0				0	0%	
EMS - Inter Hospital Resp	0	0	0	0				0	0%	

January 5, 2005

assessment & delivery wkbk - tucson urban program - Historical Workloads by LOE © 2004

Historical Workloads



Historical Workloads by Community of Residence

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

		Direct or Trib	al Health Ca	ıre	Contract Health Care					
Discipline	2000	2001	2002	Average	2000	2001	2002	Average	% Contract Care	
		Provider \			Р	rovider Visits	Only			
Primary Care										
Family Practice	0	0	0	0	0	0	0	0	0%	
Internal Medicine	0	0	0	0				0	0%	
Pediatric	0	0	0	0	0	0	0	0	0%	
Ob/Gyn	0	0	0	0	0	0	0	0	0%	
Emergency Care										
Emergency/Urgent	0	0	0	0				0	0%	
ER/Non-urgent	0	0	0	0				0	0%	
Specialty Care										
Orthopedics	0	0	0	0	0	0	0	0	0%	
Ophthalmology	0	0	0	0	0	0	0	0	0%	
Dermatology	0	0	0	0	0	0	0	0	0%	
General Surgery	0	0	0	0	0	0	0	0	0%	
Otolaryngology	0	0	0	0	0	0	0	0	0%	
Cardiology	0	0	0	0	0	0	0	0	0%	
Urology	0	0	0	0				0	0%	
Neurology	0	0	0	0	0	0	0	0	0%	
Nephrology	0	0	0	0	0	0	0	0	0%	
Allergy				0				0	0%	
Pulmonology				^	_			^	00/	
Gerontology										
Gastroenterology	N	o Provide	r Codes	within RP	MS Syste	m for the	se types	of Specia	alist.	
Rheumatology										
Oncology					_			•	201	
Pediatric-Genetics	0	0	0	0				0	0%	
Traditional Healing	0	0	0	0				0	0%	
Totals	0	0	0		0	0	0		0%	
Direct & Tribal Care + Contract Care	0	0	0							
* Provider Visits - Document visits to	o a Physician	, Nurse Pract	itioner, Midw	ife, and or Phy	ysician Assista	ant.				
Other Ambulatory Care Servi	ces									
Dental Service Minutes	0	0	0	0				0	0%	
Optometry Visits	0	0	0	0	0	0	0	0	0%	
Podiatry Visits	0	0	0	0	0	0	0	0	0%	
Dialysis Patients	0	0	0	0				0	0%	
Audiology Visits	0	0	0	0	0	0	0	0	0%	
Outpatient Behavioral										
Health										
Mental Health Visits	0	0	0	0	0	0	0	0	0%	
Psychiatry	0	0	0	0	0	0	0	0	0%	
Cooled Comilege Visite	0	0	0	^				0	00/	

THE INNOVA GROUP

0

0

0%

0%

0%

assessment & delivery wkbk - tucson urban program - Historical Workloads © 2004

0

0

0

0

0

0

0

0

0

0

0

Visits

Social Services Visits

Alcohol & Substance Abuse

BH Visit Totals

0

Historical Workloads



Historical Workloads by Community of Residence

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

		Direct or Trib	al Health Ca	ıre	Contract Health Care					
Discipline	2000	2001	2002	Average	2000	2001	2002	Average	% Contract Care	
Inpatient Care										
Labor & Delivery Births	0	0	0	0	0	0	0	0	0%	
Obstetrics Patient Days	0	0	0	0	0	0	0	0	0%	
Neonatology Patient Days	0	0	0	0	0	0	0	0	0%	
Pediatric Patient Days	0	0	0	0	0	0	0	0	0%	
Adult Medical Patient Days									201	
Cardiology	0	0	0	0	0	0	0	0	0%	
Endocrinology	0	0	0	0	0	0	0	0	0%	
Gastroenterology	0	0	0	0	0	0	0	0	0%	
General Medicine	0	0	0	0	0	0	0	0	0%	
Hematology	0	0	0	0	0	0	0	0	0%	
Nephrology	0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0% 0%	
Neurology Oncology	0 0	0	0	0	0	0	0	0	0%	
Pulmonary	0	0	0	0	0	0	0	0	0%	
Rheumatology	0	0	0	0	0	0	0	0	0%	
Unknown	0	0	0	0	0	0	0	0	0%	
Medical Patient Day Total	0	0	0	0	0	0	0	0	0%	
Adult Surgical Patient Days	U	U	U	U	U	U	U	U	0 /0	
Dentistry	0	0	0	0	0	0	0	0	0%	
Dermatology	0	0	0	0	0	0	0	0	0%	
General Surgery	0	0	0	0	0	0	0	0	0%	
Gynecology	0	0	0	0	0	0	0	0	0%	
Neurosurgery	0	0	0	0	0	0	0	0	0%	
Ophthalmology	0	0	0	0	0	0	0	0	0%	
Orthopedics	0	0	0	0	0	0	0	0	0%	
Otolaryngology	0	0	0	0	0	0	0	0	0%	
Thoracic Surgery	0	0	0	0	0	0	0	0	0%	
Urology	0	0	0	0	0	0	0	0	0%	
Vascular Surgery	0	0	0	0	0	0	0	0	0%	
Surgical Patient Day Total	0	0	0	0	0	0	0	0	0%	
Psychiatry Patient Days	0	0	0	0	0	0	0	0	0%	
Medical Detox Patient Days	0	0	0	0	0	0	0	0	0%	
Sub Acute/Transitional Care	0	0	0	0				0	0%	
Inpatient Care Totals	0	0	0	0	0	0	0	0	0%	
Direct & Tribal + Contract Care	0	0	0	9	No Da	ata Sourc	e at this	time		
Substance Abuse Non- Acute	Caro									
	Care									
Adult Residential Treatment	0	0	0	0	0	0	0	0	0%	
Adol. Residential Treatment	0	0	0	0	0	0	0	0	0%	
SA Transitional Care	0	0	0	0	0	0	0	0	0%	
Substance Abuse Totals	0	0	0	0	0	0	0	0	0%	
Elder Care										
Skilled Nursing Patients	0	0	0	0				0	0%	
Assisted Living Patients	0	0	0	0				0	0%	
Hospice Patients	0	0	0	0				0	0%	
Nursing Home Totals	0	0	0	0	0	0	0	0	0%	

January 5, 2005

assessment & delivery wkbk - tucson urban program - Historical Workloads @ 2004

Historical Workloads



Historical Workloads by Community of Residence

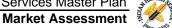
Historical Workloads according to RPMS, Contract Health and Questionnaire data.

	D	irect or Trib	al Health Ca	are		Co	ntract Healt	h Care	
Discipline	2000	2001	2002	Average	2000	2001	2002	Average	% Contract Care
Ancillary Services							I.		
Lab Billable Tests	0	0	0	0				0	0%
Pharmacy Scripts	0	0	0	0				0	0%
Acute Dialysis Procedures	0	0	0	0				0	0%
Radiographic Exams	0	0	0	0	0	0	0	0	0%
Ultrasound Exams	0	0	0	0	Ü	Ŭ	Ŭ	0	0%
Mammography Exams	0	0	0	0				0	0%
Fluoroscopy Exams	0	0	0	0				0	0%
CT Exams	0	0	0	0				0	0%
MRI Exams	0	0	0	0				0	0%
Nuclear Medicine Exams	0	0	0	0				0	0%
Rad. Oncology Treatments	0	0	0	0				0	0%
Chemotherapy Treatments	0	0	0	0				0	0%
Physical Therapy Visits	0	0	0	0				0	0%
Occupational Therapy Visits	0	0	0	0				0	0%
Speech Therapy Visits	0	0	0	0				0	0%
Respiratory Therapy	0	0	0	0				0	0%
Cardiac Catheterization	0	0	0	0				0	0%
Home Health Care Patients	0	0	0	0				0	0%
Minor Procedure Cases									
Endoscopy	0	0	0	0				0	0%
Outpatient Surgery Cases									
Cardiovascular	0	0	0	0				0	0%
Digestive	0	0	0	0				0	0%
Endocrine	0	0	0	0				0	0%
ENT	0	0	0	0				0	0%
Gynecology	0	0	0	0				0	0%
Hemic and Lymphatic	0	0	0	0				0	0%
Integument	0	0	0	0				0	0%
Musculoskeletal	0	0	0	0				0	0%
Nervous	0	0	0	0				0	0%
Ocular	0	0	0	0				0	0%
Respiratory	0	0	0	0				0	0%
Urogenital	0	0	0	0	_	_		0	0%
OP Surgical Case Total	0	0	0	0	0	0	0	0	0%
Inpatient Surgery Cases	0	0	0	0	0	0	0	0	0%
Surgical Case Total	0	0	0	0	0	0	0	0	0%
Direct & Tribal + Contract Care	0	0	0	0					
EMS - Pre-Hospital Resp.	0	0	0	0				0	0%
	0	0	0	0				0	00/
EMS - Inter Hospital Resp	0	0	0	0				0	0%

THE INNOVA GROUP

January 5, 2005

assessment & delivery wkbk - tucson urban program - Historical Workloads @ 2004

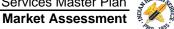


Market Assessment

Historical vs. Market Potential - In accordance to the population, compares the Historical Workload to the US State or National Average (USNA) and IHS Health System Planning (HSP) Software. USNA are taken from a number of sources. See Patient Utilization Table for sources.

Year		2001			2015		2015 P	anning Assu	ımntion	
		1,592			1,916		2010 Flamming Assumption			
HSP User Pop PSA	- 11	1,352		a. V	1,510					
Discipline	3 Year History	USNA	HSP	3 Year History	USNA	HSP	Total	Direct Care	Contract Care	
	Pro	vider Visits Or	nly	Pro	ovider Visits Or	nly	Р	rovider Visits Or	nly	
Primary care										
Family Practice	0	1,734		0	2,088	-	3,913	3,913	0	
Internal Medicine	0	607		0	730	Cell = Sub-Total less PC	730	730	0	
Pediatric	0	939		0	1,130	Specialties	1,130	1,130	0	
Ob/Gyn	0	666		0	802		802	802	0	
Primary Care Sub-Tot.	0	3,946	5,465	0	4,750	6,576	6,576	6,576	0	
Emergency Care										
Emergency/Urgent	0	360		0	433	Cell = Sub-Total	433	433	0	
ER/Non-urgent	0	240		0	289	less E/U	▶ 393	393	0	
Emerg. Care Sub-Tot.	0	600	685	0	722	826	826	826	0	
Specialty Care										
Orthopedics	0	291			350		350	350	0	
Ophthalmology	0	184			221		221	221	0	
Dermatology	0	227			273		273	273	0	
General Surgery	0	220		0	265		265	265	0	
Otolaryngology	0	137		0	165		165	165	0	
Cardiology	0	53		0	63		63	63	0	
Urology	0	68		0	82		82	82	0	
Neurology	0	61		0	73		73	73	0	
Other Specialties		471		0	567		567	567	0	
Nephrology	0	Unknown		0	Unknown		0	0	0	
Allergy	0	Unknown		0	Unknown		0	0	0	
Pulmonology	0	Unknown		0	Unknown		0	0	0	
Gerontology	0	Unknown		0	Unknown		0	0	0	
Gastroenterology	0	Unknown		0	Unknown		0	0	0	
Rheumatology	0	Unknown		0	Unknown		0	0	0	
Oncology	0	Unknown		0	Unknown		0	0	0 0	
Pediatric-Genetics Traditional Healing	0	Unknown Unknown		0	Unknown Unknown		0	0	0	
Specialty Care Sub-Tot.	0	1,712	261	0	2,060	315	2,060	2,060	0	
	0	1,712	201	0	2,000	313	2,000	2,000	U	
Total Provider Visits By	0	6,258	6,412	0	7,533	7,716	9,462	9,462	0	
PSA Residents										
Provider Visits	Unmet	-6 417	Over Utilization	on if (+)						
1 TOVIGET VISITS	need if (-)	0,412	ovo. omizano	(.)						
Total Provider Patient				The rate is	established b	y dividing the	Total Provide	er Visits from th	e PSA by	
Utilization Rate	0.00	3.93	4.03	the User Po		, ,			,	
Other Ambulatory Care										
Services										
Dental Service Minutes	0	141,668	151,240	0	170,482	182,020	182,020	182,020	0	
Optometry Visits	0	Unknown	501	0	Unknown	603	603	603	0	
Podiatry Visits	0	251		0	302		302	302	0	
Dialysis Patients	0	Unknown		0	Unknown		0	0	0	
Audiology Visits	0	244	165	0	293	199	293	293	0	
Outpatient Behavioral Health	Services									
Mental Health Visits	0	Unknown	279	0	Unknown	336	336	336	0	
Psychiatry	0	162	-	0	195		195	195	0	
Social Services Visits	0	Unknown		0	Unknown		0	0	0	
Alcohol & Substance Abuse	0	Unknown		0	Unknown		0	0	0	
BH Visits Totals	0	162	279	0	195	336	531	531	0	

assessment & delivery wkbk - tucson urban program - Market Asmt © 2004



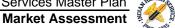
Market Assessment

Historical vs. Market Potential - In accordance to the population, compares the Historical Workload to the US State or National Average (USNA) and IHS Health System Planning (HSP) Software. USNA are taken from a number of sources. See Patient Utilization Table for sources.

Year			2015		2015 Planning Assumption					
HSP User Pop PSA		2001 1,592			1,916		2010 Flamming Assumption			
Discipline	3 Year History	USNA	HSP	3 Year History	USNA	HSP	Total	Direct Care	Contract Care	
	-	der Visits O	nly		vider Visits On	ly	P	rovider Visits Or		
Inpatient Care										
Labor & Delivery Births	0	32	34	0	38	41	41	34	7	
Obstetrics Patient Days	0	68	74	0	82	89	89	73	16	
Neonatology Patient Days	0	97		0	117		117	71	45	
Pediatric Patient Days	0	48	87	0	58	104	104	66	39	
Adult Medical Patient Days										
Cardiology	0	36		0	44		44	33	11	
Endocrinology	0	7		0	8		8	8	0	
Gastroenterology	0	24		0	29		29	29	0	
General Medicine	0	29		0	35		35	31	3	
Hematology	0	5 7		0	5		5	3	3 1	
Nephrology	0	7 15		0	8		8	7	2	
Neurology	0			0 0	19 12		19 12	16 4		
Oncology	0	10			43		43		8 7	
Pulmonary Rheumatology	0 0	36 1		0	43 1		43 1	36 1	0	
Unknown	0	3		0	3		3	3	0	
Medical Patient Day Total	0	173	133	0	208	161	208	172	35	
Adult Surgical Patient Days	U	173	133	U	200	101	200	172	33	
Dentistry	0	0		0	0		0	0	0	
Dermatology	0	1		0	1		1	1	0	
General Surgery	0	53		0	63		63	42	21	
Gynecology	0	13		Ö	16		16	13	2	
Neurosurgery	0	13		0	16		16	5	10	
Ophthalmology	0	0		0	1		1	0	0	
Orthopedics	0	32		0	38		38	32	6	
Otolaryngology	0	11		Ö	13		13	2	11	
Thoracic Surgery	0	19		0	22		22	1	21	
Urology	0	7		0	8		8	4	5	
Vascular Surgery	0	12		0	14		14	6	8	
Surgical Patient Day Total	0	161	90	0	193	109	193	107	86	
Psychiatry Patient Days	0	33	22	0	39	27	39	10	29	
Medical Detox Patient Days	0	6		0	7		7	5	2	
Out Acute/Transitional Occ	0	0.4		0	440		440	440	0	
Sub Acute/Transitional Care	0	94	400	0	113	400	113	113	0	
Inpatient Care Totals	0	679	406	0	816	490	870	617	252	
Inpatient Patient Days	Unmet need if (-)	-679	Over Utilization	on if (+)						
Substance Abuse Non-Acute	Care									
Adult Residential Treatment	0	262		0	315		315	315	0	
Adol. Residential Treatment	0	77		0	89		89	89	0	
SA Transitional Care	0	11		0	14		14	14	0	
Substance Abuse Total	0	350	0	0	418	0	418	418	0	
Elder Care										
Skilled Nursing Patients	0	2		0	2		2	2	0	
Assisted Living Patients	0	2		0	3		3	3	0	
Hospice Patients	0	0		0	0		0	0	0	
Nursing Home Total	0	5	0	0	5	0	5	5	0	

January 5, 2005

assessment & delivery wkbk - tucson urban program - Market Asmt @ 2004



Market Assessment

Historical vs. Market Potential - In accordance to the population, compares the Historical Workload to the US State or National Average (USNA) and IHS Health System Planning (HSP) Software. USNA are taken from a number of sources. See Patient Utilization Table for sources.

Year		2001			2015		2015 Planning Assumption		
HSP User Pop PSA		1,592			1,916				•
Discipline	3 Year History	USNA	HSP	3 Year History	USNA	HSP	Total	Direct Care	Contract Care
	Pro	ovider Visits On	ly	Pr	ovider Visits On	ly	Pi	ovider Visits O	nly
Ancillary Services									
Laboratory Services									
Clinical Lab Billable Tests		6,222	4,940		7,485	6,262	7,485	6,624	423
Microbiology Billable Tests		896	1,173		1,078	1,550	1,550	876	584
Blood Bank Billable Tests		154	95		185	126	185	171	3
Anatomical Pathology		13	31		15	88	88	0	83
Lab Billable Tests	0	7,285	6,239	0	8,764	8,027	8,764	7,670	1,093
Pharmacy Scripts	0	15,646		0	18,832		18,832	18,832	0
Acute Dialysis Procedures	0	4		0	5		5	5	0
Radiographic Exams	0	514	574	0	618	691	691	691	0
Ultrasound Exams	0	103	79	0	124	95	124	124	0
Mammography Exams	0	182	193	0	218	233	233	233	0
Fluoroscopy Exams	0	26	40	0	31	48	48	48	0
CT Exams	0	39	14	0	47	16	47	47	0
MRI Exams	0	27		0	32		32	32	0
Nuclear Medicine Exams	0	Unknown		0	Unknown		0	0	0
Rad. Oncology Treatments	0	Unknown		0	Unknown		0	0	0
Chemotherapy Treatments	0	Unknown		0	Unknown		0	0	0
Rehabilitation Services	0	Unknown		0	I Indian accom		0	0	0
Physical Therapy Visits	0			0	Unknown Unknown		0	0	0
Occupational Therapy Visits Speech Therapy Visits	0	Unknown Unknown		0	Unknown		0	0	0 0
Rehab Total Visits	0	Olikilowii	662	0	OTIKITOWIT	794	794	794	0
Respiratory Therapy	U	_		O	-				U
Workload Minutes	0	Unknown	6,523	0	Unknown	8,589	8,589	8,589	0
Cardiac Catheterization	0	6		0	10		10	10	0
Home Health Care Patients	0	9		0	11		11	11	0
Minor Procedure Cases									
Endoscopy		22			27		27	27	0
Outpatient Surgery Cases									
Cardiovascular	0	1		0	2		2	2	0
Digestive	0	24		0	29		29	29	0
Endocrine	0	0		0	0		0	0	0
ENT	0	12		0	15		15	15	0
Gynecology	0	9		0	11		11	11	0
Hemic and Lymphatic	0	1		0	1		1	1	0
Integument	0	9		0	11		11	11	0
Musculoskeletal	0	16		0	19		19	19	0
Nervous	0	4		0	5		5	5	0
Ocular	0	8		0	10		10	10	0
Respiratory	0	1		0	2		2	2	0
Urogenital	0	6		0	7		7	7	0
OP Surgical Case Total	0	93	45	0	111	55 46	111	111	0
Inpatient Surgery Cases	0	37	37	0	44	46	46	28	18
Surgical Case Total	0	129	82	0	156	100	157	139	18
EMS Responses	0	209		0	251		251	251	0
•									

January 5, 2005

assessment & delivery wkbk - tucson urban program - Market Asmt @ 2004



Delivery Plan

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

		Projected Need		Delivery Options					
	Planned Direct	Key Characteristics	# Req'd		PSA			ls due to shold	
Discipline	Care	(KC)	in 2015	On Site On Site VP CHS*			Srv Unit	Region	Remarks

Primary Care (Provider Visits)

> 0.0% Crossover %

Primary Care Clinic examines, diagnoses, and treats ambulatory patients giving continuity and coordination to their total healthcare including referral to other health professionals and admissions to inpatient services while retaining primary responsibility for care of these patients, as appropriate. Primary Care Clinic assesses, provides, and evaluates the care of patients with healthcare problems including history and physical, assessment and treatment of common minor illnesses, maintenance care of patients with chronic diseases, and health counseling and teaching.

Family Practice	3,913	Providers	0.9	3,913				Might step toward this -
Internal Medicine	730	Providers	0.2		730			visiting first 5 years, move
Pediatric	1,130	Providers	0.3		1,130			toward on site next 5
Ob/Gyn	802	Providers	0.3		802			years. VPs from SX
Primary Care Total	6,576	Providers	1.6	3,913	2,663	0	0	

Emergency Care

Crossover % 0.0%

The Emergency Medical Clinic provides emergency care, diagnostic services, treatment, surgical procedures, and proper medical disposition of an emergency nature to patients who present themselves to the service. It refers patients to specialty clinics and admits patients as needed; provides clinical consultation services and professional training of assigned personnel; supports mass casualty and fire drills; and prepares reports.

Emergency/Urgent	433	Patient Spaces	0.2	
ER/Non-urgent	393	Providers	0.1	
Emergency Care Total	826	Patient Spaces	0.4	826

Specialty Care

0.0% Crossover %

Specialty Care examines, diagnoses, and treats diseases and injuries requiring specialized capabilities diagnosis and procedures beyond the Primary Care team. The service is typically provided by visiting providers who have established clinic hours for consistent referral patterns.

• • • • • • • • • • • • • • • • • • • •	•	• .				•	_	
Orthopedics	350	Providers	0.1				350	TON Asset
Ophthalmology	221	Providers	0.1				221	TON Asset
Dermatology	273	Providers	0.1				273	
General Surgery	265	Providers	0.1				265	TON Asset
Otolaryngology	165	Providers	0.1				165	TON Asset
Cardiology	63	Providers	0.0				63	Workload sent to San Xavier
Urology	82	Providers	0.0				82	for access to selected VP
Neurology	73	Providers	0.0				73 _	services.
Other Subspecialties	567	Providers	0.2			567		
Nephrology	0	Providers	0.0			0		
Allergy	Unknown	Providers	0.0					
Pulmonology	Unknown	Providers	0.0					
Gerontology	Unknown	Providers	Unknown					
Gastroenterology	Unknown	Providers	0.0					
Rheumatology	Unknown	Providers	Unknown					
Oncology	Unknown	Providers	0.0					
Pediatric-Genetics	Unknown	Providers	Unknown					
Traditional Healing	0	Providers	0.0	X				
Specialty Care Sub- Total	2,060			0	0	567	1,494	

Other Ambulatory Care Services

Dental Service 182.020 **Dentists** 182,020 1.1

Dental Clinic provides assistance in achieving and maintaining the highest level of oral health possible. It also emphasizes the prevention of disease.

Optometry Visits 603 Optometrist 0.3 603

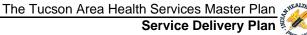
The Optometry Clinic examines the eyes, cheeks, and adnexa including refraction and other procedures, prescribes lenses to correct refractive error and improve vision; and refers patients to physicians for diagnosis and treatment of suspected disease.

January 5, 2005

THE INNOVA GROUP



from SX



Delivery Plan

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

		Projected Need				Deliv	ery Options	s	
	Planned Direct	Key Characteristics	# Req'd		PSA			ls due to shold	
Discipline	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks
odiatry Visits	302	Podiatrists	0.1		302				from
	oses, and tre	ats patients with disorder	rs, diseases,	and injuries	to the foot or adj	unctive tissi	ue; provides f	follow-up care	for selected pos
uidance, health educatio	n, rehabilitati	s a comprehensive plan of ion, and prevention of dis	ease; and p	rovides clinic	al and consultati		_		_
Dialysis Patients	ерагашоп апо О	d submission of reports, a Dialysis Stations	0.0	arice oi medi	cai records.	0		45	Hours Per We
Dialysis provides the purit	fication of the	patient's blood through t	use of an arti	ificial kidney	machine or simil	ar device. S	pecially traine	ed personnel o	operate, maintai
		ent and other specialized							
Audiology Visits	293	Audiologists	0.1		293				from
otential for remediation a asic and advanced clinic	and rehabilita al testing; pe	hensive audiologic suppo tion; assists in the evalua idiatric evaluations; neon vestibular evaluations, dis	ation of audit atal hearing	ory and vesti testing as pa	bular systems. S rt of the early he	Specific sen aring loss id	vices include dentification p	pure tone thre rogram; heari	eshold audiomet ng aid evaluatio
nild abuse or attempted	suicide). It p	rovides a comprehensive	plan of serv	rice to patien	ts and their famil	ies includin <u>c</u>	g counseling a	and guidance,	therapy,
nformation and referral, a raining of assigned and o	and discharge contractually a	e planning; provides clinic affiliated personnel; prepa	al and consu	ultative servio mits reports;	ces to patients ar	nd families,	social service	delivery eval	
nformation and referral, a raining of assigned and o Mental Health Visits	and discharge contractually a 336	e planning; provides clinic affiliated personnel; prepa Counselors	ares and sub	ultative servi	ces to patients ar maintains medic	nd families, cal and soci	social service	delivery eval	uation; profession
oformation and referral, a aining of assigned and of Mental Health Visits Sychiatry Provider	and discharge contractually a 336 195	e planning; provides clinic affiliated personnel; prepa Counselors Providers	and consumares and sub 1.4 0.1	ultative service servi	ces to patients ar	nd families,	social service	delivery eval	
oformation and referral, a paining of assigned and of dental Health Visits sychiatry Provider social Service Visits	and discharge contractually a 336 195 0	e planning; provides clinic affiliated personnel; prepa Counselors Providers Counselors	and consumers and sub 1.4 0.1	ultative servio mits reports;	ces to patients ar maintains medic	nd families, cal and soci	social service	delivery eval	from
nformation and referral, a raining of assigned and of Mental Health Visits Psychiatry Provider Social Service Visits Alcohol & Substance	and discharge contractually a 336 195	e planning; provides clinic affiliated personnel; prepa Counselors Providers	and consumares and sub 1.4 0.1	ultative service servi	ces to patients ar maintains medic	nd families, cal and soci	social service	delivery eval	from
nformation and referral, a raining of assigned and of Mental Health Visits Psychiatry Provider Social Service Visits Alcohol & Substance Abuse Visits Behavioral Health	and discharge contractually a 336 195 0	e planning; provides clinic affiliated personnel; prepa Counselors Providers Counselors	and consumers and sub 1.4 0.1	ultative service mits reports; 1.3 0.7	ces to patients ar maintains medic	nd families, cal and soci	social service	delivery eval	from
Information and referral, a raining of assigned and of the Mental Health Visits Psychiatry Provider Social Service Visits Alcohol & Substance Abuse Visits Behavioral Health Totals	and discharge contractually a 336 195 0	e planning; provides clinic affiliated personnel; prepa Counselors Providers Counselors Counselors	and and consumers and subsequents are subsequents are subsequents and subsequents are subseque	ultative servicemits reports; 1.3 0.7 4.0	ces to patients ar maintains medic	nd families, cal and soci	social service	delivery eval	from
Information and referral, a paining of assigned and of the delth Visits and the sychiatry Provider social Service Visits alcohol & Substance abuse Visits alchavioral Health totals	and discharge contractually a 336 195 0 0	e planning; provides clinic affiliated personnel; prepa Counselors Providers Counselors Counselors	and and consumers and subsequents are subsequents are subsequents and subsequents are subseque	ultative servicemits reports; 1.3 0.7 4.0	ces to patients ar maintains medic	nd families, cal and soci	social service	delivery eval	from
Information and referral, a saining of assigned and of the delth Visits and the sychiatry Provider social Service Visits alcohol & Substance abuse Visits sehavioral Health socials and the service of th	and discharge contractually a 336 195 0 0 531	e planning; provides clinic affiliated personnel; prepa Counselors Providers Counselors Counselors	and and consumers and subsequents are subsequents are subsequents and subsequents are subseque	ultative servicemits reports; 1.3 0.7 4.0	ces to patients ar maintains medic	nd families, cal and soci	social service	delivery eval	uation; profession
formation and referral, a aining of assigned and of allental Health Visits sychiatry Provider ocial Service Visits Ilcohol & Substance buse Visits ehavioral Health otals patient Care rossover % - Adult rossover % - Pediatric	and discharge contractually a 336 195 0 0 531 0.0% 0.0%	e planning; provides clinic affiliated personnel; prepa Counselors Providers Counselors Counselors Counselors	1.4 0.1 0.7 0.0 2.0	ultative service mits reports; 1.3 0.7 4.0 5.9	ces to patients ar maintains medic	nd families, cal and soci 195	social service	delivery eval	from
formation and referral, a aining of assigned and of assigned and of alental Health Visits sychiatry Provider ocial Service Visits Icohol & Substance buse Visits ehavioral Health otals Inpatient Care Inpatient Care Incosover % - Adult Incosover % - Pediatric abor & Delivery	and discharge contractually a 336 195 0 0 531	e planning; provides clinic affiliated personnel; prepa Counselors Providers Counselors Counselors	and and consumers and subsequents are subsequents are subsequents and subsequents are subseque	ultative servicemits reports; 1.3 0.7 4.0	ces to patients ar maintains medic	nd families, cal and soci	social service	delivery eval	luation; profession
Information and referral, a caining of assigned and of allental Health Visits sychiatry Provider ocial Service Visits Ilcohol & Substance buse Visits ehavioral Health otals Inpatient Care Inpatient Care Incompany - Adult Incompany - Pediatric Inpatient & Delivery Institute of abor & Delivery Institute of a significant of a sig	and discharge contractually a 336 195 0 0 531 0.0% 0.0%	e planning; provides clinic affiliated personnel; prepa Counselors Providers Counselors Counselors Counselors	1.4 0.1 0.7 0.0 2.0	ultative service mits reports; 1.3 0.7 4.0 5.9	ces to patients ar maintains medic	nd families, cal and soci 195	social service	delivery eval	luation; professi
formation and referral, a aining of assigned and of lental Health Visits sychiatry Provider ocial Service Visits Icohol & Substance buse Visits ehavioral Health otals patient Care rossover % - Adult rossover % - Pediatric abor & Delivery bibstetrics Patient ays batetrics provides for speciality patients; and healivery care by specially	nd discharge contractually a 336 195 0 0 531 0.0% 0.0% 34 73 ecialized cars is responsibilitrained person tis performed	c planning; provides clinical affiliated personnel; preparation of the providers of the pro	al and consumers and subserved	ultative servicemits reports; 1.3 0.7 4.0 5.9 0 0 otion to eligible of the labor enatal care definition in the service and the service	es to patients ar maintains medic 0.1	34 73 rides antepare The laboratory during the laboratory desired anterparent to the laboratory during the lab	social service al service rec artum, delivery or and delivery, po g delivery, po	e delivery eval ords. y, and postpa y suite provide ost-natal care,	from Overre ortum care to es labor and and minor
formation and referral, a aining of assigned and of lental Health Visits sychiatry Provider ocial Service Visits Icohol & Substance buse Visits lehavioral Health otals spatient Care rossover % - Adult rossover % - Pediatric abor & Delivery libstetrics Patient ays betetrics provides for spatemity patients; and healivery care by specially vnecological surgery, if i e delivery suite and the eonatology Patient	nd discharge contractually a 336 195 0 0 531 0.0% 0.0% 34 73 ecialized cars is responsibilitrained person tis performed	c planning; provides clinical affiliated personnel; preparation of the providers of the pro	al and consumers and subserved	ultative servicemits reports; 1.3 0.7 4.0 5.9 0 0 otion to eligible of the labor enatal care definition in the service and the service	es to patients ar maintains medic 0.1	34 73 rides antepare The laboratory during the laboratory desired anterparent to the laboratory during the lab	social service al service rec artum, delivery or and delivery, po g delivery, po	e delivery eval ords. y, and postpa y suite provide ost-natal care,	from Overrication, profession Overrication overrication
formation and referral, a aining of assigned and of lental Health Visits sychiatry Provider ocial Service Visits Icohol & Substance buse Visits ehavioral Health otals patient Care rossover % - Adult rossover % - Pediatric abor & Delivery betetrics Patient lays betetrics provides for speaternity patients; and he lelivery care by specially vnecological surgery, if it is delivery suite and the leonatology Patient lays he Newborn Nursery provides for speaternity patients, and he leonatology Patient lays	and discharge contractually a 336 195 0 0 0 531 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	c planning; provides clinic affiliated personnel; prepare Counselors Providers Counselors do not be digible patients, and in the suite. Additional assia.	0.5 0.9 ative evaluate maintenance including preactivities includi	1.3 0.7 4.0 5.9 0 otion to eligible e of the labor enatal care dry include presentations.	e inpatients; provand delivery suituring labor, assis paring sterile se valuation of newles born premature.	34 73 rides antepare. The laborate-tups for delivery, and pro	artum, delivery or and delivery g delivery, poliveries; prepa	y, and postpar y suite provide ost-natal care, aring patients	from Overi

THE INNOVA GROUP

medical records; and submits required reports.

other professional services; coordinates healthcare delivery relative to the examination, diagnosis, treatment, and proper disposition of eligible patients; prepares



Delivery Plan

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

		Projected Need	Delivery Options						
	Planned Direct	Key Characteristics	# Req'd		PSA			s due to shold	
Discipline	Care	(KC)	in 2015	On Site On Site VP CHS*			Srv Unit	Region	Remarks

Adult Medical Acute Care

Medical Care provides inpatient care and consultative evaluation in the medical specialties and subspecialties described in this section; coordinates healthcare delivery relative to the examination, diagnosis, treatment and proper disposition of eligible patients, appropriate to the specialty or subspecialty; prepares medical records; and submits required reports. The organization of the medical care function will vary according to patient load, staffing, and facilities. When subspecialty services are established, they shall provide the related specialized techniques and practices using all the available modern diagnostic procedures, studies, and therapies.

Cardiology	33	# of Beds	0.3	0	33			
Endocrinology	8	# of Beds	0.1	0	8			
Gastroenterology	29	# of Beds	0.2	0	29			
General Medicine	31	# of Beds	0.3	0	31			
Hematology	3	# of Beds	0.0	0	3			
Nephrology	7	# of Beds	0.1	0	7			
Neurology	16	# of Beds	0.1	0	16			
Oncology	4	# of Beds	0.0	0	4			
Pulmonary	36	# of Beds	0.3	0	36			
Rheumatology	1	# of Beds	0.0	0	1			
Unknown	3	# of Beds	0.0	0	3			
Medical Patient Day Total	172		1.4	0	172	0	0	
Adult Curainal Aguta Co	200							

Adult Surgical Acute Care

Surgical Care provides inpatient care and consultative evaluation in the surgical specialties and subspecialties described in this subsection; coordinates healthcare delivery relative to the examination, treatment, diagnosis, and proper disposition of eligible patients, appropriate to the specialty or subspecialty; prepares medical records; and submits required reports. The organization of the surgical care function varies according to patient load, staffing, and facilities. When subspecialty services are established, they shall provide the related specialized techniques and practices using all the available modern diagnostic procedures, studies, and therapies

Dentistry	0	# of Beds	0.0	0	0			
Dermatology	1	# of Beds	0.0	0	1			
General Surgery	42	# of Beds	0.4	0	42			
Gynecology	13	# of Beds	0.1	0	13			
Neurosurgery	5	# of Beds	0.1	0	5			-
Ophthalmology	0	# of Beds	0.0	0	0			
Orthopedics	32	# of Beds	0.3	0	32			-
Otolaryngology	2	# of Beds	0.0	0	2			-
Thoracic Surgery	1	# of Beds	0.0	0	1			
Urology	4	# of Beds	0.0	0	4			
Vascular Surgery	6	# of Beds	0.1	0	6			
Surgical Patient Day Total	107	# of Beds	1.1	0	107	0	0	
Intensive Care Unit	63	# of beds	0.2	0	63			

Intensive Care Units (ICUs) provide treatment for patients who require intensified, comprehensive observation and care because of shock, trauma, or other lifethreatening conditions. They are staffed with specially trained personnel and contain monitoring equipment and other specialized support equipment for treating.

_	-					-	
Psychiatry Patient	10	# of Beds	0.0	0	10		

Psychiatric Care provides specialized care and consultative evaluation for eligible inpatients; coordinates healthcare delivery relative to the examination, diagnosis, treatment, and proper disposition of patients with psychotic, neurotic, or other mental disorders; maintains protective custody of patients with psychiatric disorders when required to prevent injury to themselves or to others; establishes therapeutic regimens; conducts individual or group therapy sessions; provides short-term treatment to patients psychologically or physically dependent upon alcohol or drugs; maintains custody of sensitive or medically privileged records and correspondence that evolve during treatment of patients; prepares medical records; and submits required reports.

Medical Detox Patient	5	# of Beds 0.0	0	5

Substance Abuse Care provides specialized care and consultative evaluation for eligible inpatients; coordinates healthcare delivery relative to the examination, diagnosis, treatment, and proper disposition of patients psychologically or physically dependent upon alcohol or drugs; maintains protective custody of patients when required to prevent injury to themselves or to others; establishes therapeutic regimens; conducts individual or group therapy sessions; maintains custody of sensitive or medically privileged records and correspondence that evolve during treatment of patients; prepares medical records; and submits required reports.

condute of medically privi	nogou rocore	do una comcoponacino una evervo c	anng a caano	m or pationto, p	oparoo moar	odi rocordo, and dasimo roqui
Sub Acute / Transitional Care	113	# of Beds 0.4	0		113	

Transitional Care provides care and treatment for patients who require inpatient nursing care beyond their discharge from acute care. Staffing, while less than acute care, provides specific therapy and activities to prepare the patient for returning home.

Page 16

Inpatient Care Totals	680	# of Beds 6	0	680	0	0
-----------------------	-----	-------------	---	-----	---	---



assessment & delivery wkbk - tucson urban program - Delivery Options



Delivery Plan

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

	Projected Need			Delivery Options					
	Planned Direct	Key Characteristics	# Req'd		PSA			ls due to shold	
Discipline	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks

Substance Abuse Non
Non-Acute Care
Substance Abuse

0.1.1	. 0		, ,	,				
Substance Abuse Non-Ac	ute Care - tn	e treatment of substance a	abuse aisoi	raers in an age and	security specific setting.			
Adult Residential Treatment	315	# of Beds	1.1				315	To TON RTF
Adolescent Residential Treatment	89	# of Beds	0.3		89			
Substance Abuse Transitional Care	14	# of Beds	2.3			14		to SX
Substance Abuse Non-Acute Care	418		3.7	0	89	14	315	

Elder Care

Elderly Care Program provides physical, psychological, social, and spiritual care for healthy and dying seniors in an environment outside of a hospital.

Nursing Home	2	# of Beds	3.0			2		to Sells
Assisted Living /	3	# of Beds	3.0			3		to Sells
Hospice	0	# of Beds	0.0			0		to Sells
Elder Care Totals	5		6.0	0	0	5	0	

Ancillary Services

Crossover % - Pharmacy 0.0%

Laboratory Services

Clinical Pathology operates the clinical laboratories and conducts studies, investigations, analyses, and examinations, including diagnostic and routine tests and systems. Additional activities may include, but are not limited to, transportation of specimens from the nursing floors and surgical suites and preparation of samples for testing. The Clinical Lab includes Chemistry, Urinalysis, Hematology, Serology, Immunology and Coagulation.

Clinical Lab	6,624	Tech Staff @ Peak	0.7	6,624
Microbiology	876	Tech Staff @ Peak	0.1	876
Blood Bank	171	Tech Staff @ Peak	0.0	171
Anatomical Pathology	0	Tech Staff @ Peak	0.0	0

Anatomical Pathology conducts the histopathology and cytopathology laboratories; directs studies, examinations, and evaluations including diagnostic and routine

procedures, provides reion	alo alla ooli	oundione, perionne poet i	nontonn oxa	initiationo, and operated the mergae.
Lab Totals	7,670	Tech Staff @ Peak	0.8	
Pharmacy	18,832	Pharmacists	1.1	18,832
Acute Dialysis	5	Rooms	0.0	5

Acute Dialysis provides purification of the patient's blood using the patient's own peritoneal membrane, located in the abdomen, as the filter to remove excess water and toxins, while the patient is hospitalized. Specialty trained personnel teach all patients own family members through an intense training program how to perform these same functions in the home settings.

Diagnostic Imaging

Diagnostic Radiology provides diagnostic radiologic services to inpatients and outpatients. Activities include, but are not limited to, processing, examining, interpreting, storing, and retrieving radiographs and fluorographs; directing a radiological safety program; and consulting with physicians and patients.

Radiographic	691	Rooms	0.1	691 _ To SX in initial plan, but if
Ultrasound	124	Rooms	0.0	124 Primary Care services are
Mammography	233	Rooms	0.1	233 offered, docs may send to
Fluoroscopy	48	Rooms	0.0	48 Tucson.
СТ	47	Rooms	0.0	47
MRI	32	Rooms	0.0	32
Diagnostic Imaging Totals	1,174	Radiologist	0.1	0

THE INNOVA GROUP

January 5, 2005



Delivery Plan

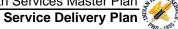
Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

		Projected Need	Delivery Options					S	
	Planned Direct	Key Characteristics	# Req'd	ı	PSA			ls due to eshold	
Discipline	Care	(KC)	in 2015	On Site On S	Site VP C	HS*	Srv Unit	Region	Remarks
Nuclear Medicine	0	Rooms	0.0			0			
Nuclear Medicine provides njectable or ingestible rad performing clinical investig consulting with patients an	ioactive isote ative studies	opes in conformance with s, providing whole blood o	licensure re counting, eva	gulations. Function	ns and activitie epected of bei	es of the	work center aminated wit	r include, but a h gamma-em	are not limited to,
Rad. Oncology	0	Rooms	0.0			0			
Chemotherapy	0	Patient Spaces	0.0			0			
Rehabilitation Services Rehabilitation Services de and outpatients whose abi consultation, counseling, to Occupational Therapy, and	velops, coor lity to functic eaching, adr	n is impaired or threatend ninistration, research, and	ed by diseas	e or injury and inco	rporates activi	ities suc	h as: direct	patient care,	evaluation, testing
Physical Therapy	0	Therapy FTE	0.0			0			
Occupational Therapy	0	Therapy FTE	0.0	-		0			
Speech Therapy	0	Therapy FTE	0.0	-		0			
Rehab Total	794	Therapy FTE	0.4				794		to S
Respiratory Therapy Respiratory Therapy provide forms of rehabilitative there service also tests and evaluations.	apy including	g initiating, monitoring, an	d evaluating	patient performanc	nt drugs throu e and reaction	ns to the	erapy and pe	erforming bloo	d gas analysis. 1
Cardiac	10	Rooms	0.0			10			
heart and circulatory syste retrieving and analyzing te Home Health Care	m. Other ac st results; ar 11	nd inspecting, testing, cali # FTE	test proceduibrating, and	ures to patients; per maintaining specia	l equipment.	11			
The Cardiac Catheterization heart and circulatory system retrieving and analyzing to Home Health Care Home Health Care is provint independence while minimum Surgery The Surgery product line in the surgery	m. Other ac st results; ar 11 ided to indivi sizing the eff	nd inspecting, testing, cali # FTE duals and families in thei ects of disability and illnes	test procedulibrating, and 0.8 r places of ress, including	ures to patients; per maintaining special esidence to promote terminal illness.	l equipment. e, maintain, or	11 restore	health or to	maximize the	level of
heart and circulatory syste retrieving and analyzing te Home Health Care Home Health Care is provi independence while minim Surgery	m. Other ac st results; ar 11 ided to indivi sizing the eff	nd inspecting, testing, cali # FTE duals and families in thei ects of disability and illnes	test procedulibrating, and 0.8 r places of ress, including	ures to patients; per maintaining special esidence to promote terminal illness.	l equipment. e, maintain, or	11 restore	health or to	maximize the	level of
heart and circulatory syste retrieving and analyzing te Home Health Care Home Health Care is provi independence while minim Surgery The Surgery product line in	m. Other ac st results; ar 11 ided to indivi sizing the eff	nd inspecting, testing, calification # FTE duals and families in their ects of disability and illnes sthesiology, Pre & Post R	test procedulibrating, and 0.8 r places of ress, including	ures to patients; per maintaining special esidence to promote terminal illness.	l equipment. e, maintain, or	11 restore	health or to	maximize the	level of
heart and circulatory syste retrieving and analyzing te Home Health Care Home Health Care is provi independence while minim Surgery The Surgery product line ir Minor Procedure Endoscopy	m. Other ac st results; at 11 ided to indivi izing the eff ncludes Ane	nd inspecting, testing, cali # FTE duals and families in thei ects of disability and illnes	test procedulibrating, and 0.8 r places of ress, including	ures to patients; per maintaining special esidence to promote terminal illness.	l equipment. e, maintain, or vasive proced	11 restore	health or to	maximize the	level of
heart and circulatory syste retrieving and analyzing te Home Health Care Home Health Care is provi independence while minim Surgery The Surgery product line in Minor Procedure Room. Minor Procedure Endoscopy Outpatient Surgery Cas	m. Other ac st results; ar 11 ided to indivi izing the eff ncludes Ane 27 ses	nd inspecting, testing, calification # FTE duals and families in their ects of disability and illness sthesiology, Pre & Post R	test procedulibrating, and 0.8 r places of ress, including eccovery, and	ures to patients; per maintaining special esidence to promote terminal illness.	l equipment. e, maintain, or vasive proced	11 restore lures re-	health or to	maximize the	level of
heart and circulatory syste retrieving and analyzing te Home Health Care Home Health Care is provi independence while minim Surgery The Surgery product line ir Minor Procedure Room. Minor Procedure Endoscopy Outpatient Surgery Cas Cardiovascular	m. Other ac st results; ar 11 ided to indivi izing the eff- ncludes Ane 27 ses 2	nd inspecting, testing, calification # FTE duals and families in their ects of disability and illness sthesiology, Pre & Post R Endoscopy Suites Outpatient ORs	test procedulibrating, and 0.8 r places of ress, including elecovery, and 0.0	ures to patients; per maintaining special esidence to promote terminal illness.	l equipment. e, maintain, or vasive proced	11 restore	health or to	maximize the	level of
neart and circulatory systemetrieving and analyzing terefrieving and analyzing terefrieving earlier to the Home Health Care is provindependence while minimum Surgery The Surgery product line in Minor Procedure Room. Minor Procedure Endoscopy Outpatient Surgery Cast Cardiovascular Digestive	m. Other ac st results; ar 11 ided to indivi izing the eff- ncludes Ane 27 ses 2 29	and inspecting, testing, calification of the process of disability and illness of disability and disability	test procedulibrating, and 0.8 r places of ress, including elecovery, and 0.0 0.0	ures to patients; per maintaining special esidence to promote terminal illness.	l equipment. e, maintain, or vasive proced	11 restore lures re-	health or to	maximize the	level of
neart and circulatory systemetrieving and analyzing teretrieving and analyzing teretrieving and analyzing teretrieving enteretrieving enteret	m. Other ac st results; ar 11 ided to indivi izing the eff- ncludes Ane 27 ses 2 29	and inspecting, testing, calification of the process of disability and illness of disability and disability	test procedulibrating, and 0.8 r places of ress, including eccovery, and 0.0 0.0 0.0	ures to patients; per maintaining special esidence to promote terminal illness.	I equipment. e, maintain, or vasive proced	11 restore lures red 27 2 29 0	health or to	maximize the	level of
heart and circulatory syste retrieving and analyzing te Home Health Care Home Health Care is provi independence while minim Surgery The Surgery product line in Minor Procedure Room. Minor Procedure Endoscopy Outpatient Surgery Cas Cardiovascular Digestive Endocrine ENT	m. Other ac st results; ar 11 ided to indivi izing the eff- ncludes Ane 27 ses 2 29 0	and inspecting, testing, calification of the inspection of the inspects of disability and illness of disability and illnes	test procedulibrating, and 0.8 r places of ress, including elecovery, and 0.0 0.0 0.0 0.0	ures to patients; per maintaining special esidence to promote terminal illness.	I equipment. e, maintain, or vasive proced	11 restore 27 2 29 0 15	health or to	maximize the	level of
heart and circulatory syste retrieving and analyzing te Home Health Care Home Health Care is provi independence while minim Surgery The Surgery product line ir Minor Procedure Endoscopy Outpatient Surgery Cas Cardiovascular Digestive Endocrine ENT Gynecology	m. Other ac st results; ar 11 ided to indivi izing the eff- ncludes Ane 27 ses 2 29 0 15	# FTE duals and families in their ects of disability and illnes sthesiology, Pre & Post R Endoscopy Suites Outpatient ORs	test procedule test p	ures to patients; per maintaining special esidence to promote terminal illness.	I equipment. e, maintain, or vasive proced	11 restore 27 2 29 0 15 11	health or to	maximize the	level of
heart and circulatory syste retrieving and analyzing te Home Health Care Home Health Care is provide pendence while minim Surgery The Surgery product line in Minor Procedure Room. Minor Procedure Endoscopy Outpatient Surgery Cast Cardiovascular Digestive Endocrine ENT Gynecology Hemic and Lymphatic	m. Other ac st results; ar 11 ided to indivi izing the eff- ncludes Ane 27 ses 2 29 0 15 11	# FTE duals and families in their ects of disability and illnes sthesiology, Pre & Post R Endoscopy Suites Outpatient ORs	test procedule test p	ures to patients; per maintaining special esidence to promote terminal illness.	I equipment. e, maintain, or vasive proced	11 restore 27 2 29 0 15 11	health or to	maximize the	level of
heart and circulatory syste retrieving and analyzing te Home Health Care Home Health Care is provide pendence while minim Surgery The Surgery product line in Minor Procedure Room. Minor Procedure Endoscopy Outpatient Surgery Cast Cardiovascular Digestive Endocrine ENT Gynecology Hemic and Lymphatic Integument	m. Other ac st results; ar 11 ided to indivi inizing the eff- ncludes Ane 27 ses 2 29 0 15 11	# FTE duals and families in their ects of disability and illnes sthesiology, Pre & Post R Endoscopy Suites Outpatient ORs	test procedule test p	ures to patients; per maintaining special esidence to promote terminal illness.	I equipment. e, maintain, or vasive proced	11 restore 27 2 29 0 15 11 1	health or to	maximize the	level of
neart and circulatory systemetrieving and analyzing teretrieving and analyzing teretrieving and analyzing teredome Health Care is provindependence while minime. Surgery The Surgery product line in Minor Procedure Room. Minor Procedure Endoscopy Cutpatient Surgery Cast Cardiovascular Digestive Endocrine ENT Gynecology Hemic and Lymphatic Integument Musculoskeletal	m. Other ac st results; ar 11 ided to indivi izing the eff- ncludes Ane 27 ses 2 29 0 15 11 1 1	# FTE duals and families in their ects of disability and illnes sthesiology, Pre & Post R Endoscopy Suites Outpatient ORs	dest procedule fibrating, and 0.8 replaces of ress, including cecovery, and 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.	ures to patients; per maintaining special esidence to promote terminal illness.	I equipment. e, maintain, or vasive proced	11 restore 27 2 29 0 15 11 1 11 19	health or to	maximize the	level of
neart and circulatory systemetrieving and analyzing teretrieving the surgery of the Surgery product line in Minor Procedure Room. Minor Procedure Endoscopy Outpatient Surgery Cardiovascular Digestive Endocrine ENT Gynecology Hemic and Lymphatic Integument	m. Other ac st results; ar 11 ided to indivi izing the eff- ncludes Ane 27 ses 2 29 0 15 11 1 11 19 5	# FTE duals and families in their ects of disability and illnes sthesiology, Pre & Post R Endoscopy Suites Outpatient ORs	elect procedule fibrating, and 0.8 replaces of ress, including 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.	ures to patients; per maintaining special esidence to promote terminal illness.	I equipment. e, maintain, or vasive proced	11 restore 27 2 29 0 15 11 1 11 19 5	health or to	maximize the	level of
reart and circulatory systemetrieving and analyzing teretrieving the surgery product line in Minor Procedure Room. Minor Procedure Endoscopy Outpatient Surgery Cast Cardiovascular Digestive Endocrine ENT Gynecology Hemic and Lymphatic Integument Musculoskeletal Nervous	m. Other ac st results; ar 11 ided to indivi izing the eff- ncludes Ane 27 ses 2 29 0 15 11 1 1	# FTE duals and families in their ects of disability and illnes sthesiology, Pre & Post R Endoscopy Suites Outpatient ORs	dest procedule fibrating, and 0.8 replaces of ress, including cecovery, and 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.	ures to patients; per maintaining special esidence to promote terminal illness.	I equipment. e, maintain, or vasive proced	11 restore 27 2 29 0 15 11 1 11 19	health or to	maximize the	level of
heart and circulatory syste retrieving and analyzing te Home Health Care Home Health Care is provide pendence while minim Surgery The Surgery product line in Minor Procedure Room. Minor Procedure Endoscopy Outpatient Surgery Cast Cardiovascular Digestive Endocrine ENT Gynecology Hemic and Lymphatic Integument Musculoskeletal Nervous Ocular	m. Other ac st results; ar 11 ided to indivi izing the eff- ncludes Ane 27 ses 2 29 0 15 11 1 11 19 5	# FTE duals and families in their ects of disability and illnes sthesiology, Pre & Post R Endoscopy Suites Outpatient ORs	elect procedule fibrating, and 0.8 replaces of ress, including 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.	ures to patients; per maintaining special esidence to promote terminal illness.	I equipment. e, maintain, or vasive proced	11 restore 27 2 29 0 15 11 1 11 19 5	health or to	maximize the	level of
heart and circulatory syste retrieving and analyzing te Home Health Care Home Health Care is provi independence while minim Surgery The Surgery product line in Minor Procedure Endoscopy Outpatient Surgery Cas Cardiovascular Digestive Endocrine ENT Gynecology Hemic and Lymphatic Integument Musculoskeletal Nervous Ocular Respiratory	m. Other ac st results; ar 11 ided to indivi izing the eff- ncludes Ane 27 ses 2 29 0 15 11 1 11 19 5 10 2	# FTE duals and families in their ects of disability and illnes sthesiology, Pre & Post R Endoscopy Suites Outpatient ORs	electory, and one of the state	ures to patients; per maintaining special maintaining special esidence to promote terminal illness.	I equipment.	11 restore 27 2 29 0 15 11 1 11 19 5 10 2	health or to	maximize the	level of
heart and circulatory syste retrieving and analyzing te Home Health Care Home Health Care is provide pendence while minim Surgery The Surgery product line in Minor Procedure Room. Minor Procedure Endoscopy Outpatient Surgery Cast Cardiovascular Digestive Endocrine ENT Gynecology Hemic and Lymphatic Integument Musculoskeletal Nervous Ocular Respiratory Urogenital OP Surgical Case	m. Other ac st results; ar 11 ided to indivi izing the eff- ncludes Ane 27 ses 2 29 0 15 11 1 11 19 5 10 2	# FTE duals and families in their ects of disability and illnes sthesiology, Pre & Post R Endoscopy Suites Outpatient ORs	elect procedule fibrating, and 0.8 replaces of ress, including 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.	ures to patients; per maintaining special maintaining special esidence to promote terminal illness.	I equipment. e, maintain, or vasive proced	11 restore 27 2 29 0 15 11 1 11 19 5 10 2 7	health or to	maximize the	level of
heart and circulatory syste retrieving and analyzing te Home Health Care Home Health Care is provide pendence while minim Surgery The Surgery product line in Minor Procedure Room. Minor Procedure Endoscopy Outpatient Surgery Cast Cardiovascular Digestive Endocrine ENT Gynecology Hemic and Lymphatic Integument Musculoskeletal Nervous Ocular Respiratory Urogenital OP Surgical Case	m. Other ac st results; ar 11 ided to indivi izing the eff- ncludes Ane 27 ses 2 29 0 15 11 1 11 19 5 10 2 7	# FTE duals and families in their ects of disability and illnes sthesiology, Pre & Post R Endoscopy Suites Outpatient ORs	electroredation of the state of	ures to patients; per maintaining special maintaining special esidence to promote terminal illness. If the provision of in	I equipment. e, maintain, or vasive proced	11 restore 27 2 29 0 15 11 1 11 19 5 10 2 7 1111	health or to	maximize the	level of
heart and circulatory syste retrieving and analyzing te Home Health Care Home Health Care is provi independence while minim Surgery The Surgery product line in Minor Procedure Endoscopy Outpatient Surgery Cas Cardiovascular Digestive Endocrine ENT Gynecology Hemic and Lymphatic Integument Musculoskeletal Nervous Ocular Respiratory Urogenital OP Surgical Case Inpatient Surgery	m. Other ac st results; ar 11 ided to indivi izing the effi ncludes Ane 27 ses 2 29 0 15 11 1 11 19 5 10 2 7	# FTE duals and families in their ects of disability and illnes sthesiology, Pre & Post R Endoscopy Suites Outpatient ORs	elect procedule fibrating, and 0.8 replaces of ress, including 1.00 replaces of ress, including 1.0	ures to patients; per maintaining special maintaining special esidence to promote terminal illness. If the provision of in	I equipment. e, maintain, or vasive proced	11 restore 27 2 29 0 15 11 1 11 19 5 10 2 7 1111 28	health or to	maximize the	level of

THE INNOVA GROUP

responsible for the care, treatment, and welfare of all patients.

to the facility; determines medical capabilities related to available medical services officers, support staff, and facilities; implements directed programs; is



Delivery Plan

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

		Projected Need				Deli <u>ve</u>	ery Options	S	
	Planned Direct	Key Characteristics	# Req'd		PSA		Referral	s due to shold	
Discipline	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks
nformation Manageme	ent	# of FTE	1.0	1.0					
		provides the responsibility			day operation, t	raining, mai	intenance and	d developmer	nt of the
		nd networking resources a	_			_		•	
Health Information Ma		# of FTE	3.7	3.7					
_		ponsible for assembling, (luate, and improve patien	_	ompleting, ar	alyzing, ensurin	g availability	, and safeke	eping of patie	nt records (also
Business Office	acilitate, eva	# of FTE	4.0	4.0					
Business Office implemer	nts administra				hcare delivery co	osts from thi	ird-party paye	rs; identifies	patients that hav
other health insurance; re		•		•					
payers; follows up to ensu	ire that colle			·	ction activities.				
Contract Health Contract Health Service F		# of FTE	2.7	2.7		T			0 1 111 1
Facility Support Services	<u> </u>								
		# of FTE	0.6		0.6				
Clinical Engineering	doo proventi	# OT FIE e maintenance, inspection	0.6	ir of modical	0.6	mont: cond	uoto o ovotom	actic increatio	on of aguinment
Facility Management The maintenance of a hea	alth sites faci	# of FTE lities, building systems an	2.3 d grounds	2.3					
Central Sterile		# of FTE	0.7	0.7					
	embly, steril	zation and distribution of	reusable ins	trumentation	. Also responsib	le for the dis	stribution of o	ther sterile pr	oducts.
Dietary		# of FTE	0.0	0.0					
The ordering, maintenanc	e, preparatio	n, serving and distributior	n of meals to	inpatients, c	outpatients and s	taff. Nutritio	nal oversight	for these me	als as well as
nutritional consultations w	ith patients a								
Property & Supply		# of FTE	0.5		0.5				
procurement, inventory con non-medical supplies and medical organization in-us the installation medical wa	ontrol, receip l equipment r se property tl ar readiness		nce, issue, tu medical miss perty accoun	ırn in, dispos sion; installat ting, reportin	ition, property ac ion managemen	counting and tof the med	nd reporting a lical stock fun	citons for des d; manageme	ignated medical a ent and control of
Housekeeping & Liner The Housekeeping Servic		# of FTE	3.3	3.3 or of a facility	at the highest le	vel of clean	liness and sa	nitation achie	vahle
, ,	•	picking up, sorting, issuir	•	-	•				
Preventive Care									
Health Promotion /									
Disease Prevention									
(Preventive Care)								,,	
• ,		d health education progra lership to all areas of the i					•		ire health systen
	provide lead				icrease the near	ur awareries	s or the publi	6.	
Public Health Nursing Public Health Nutrition	1	# of FTE # of FTE	0.9	0.9					
Environmental Health		# of FTE	0.0	0.0					

of FTE

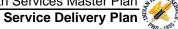
0.0

Health Education

0.0

Delivery Options

The Tucson Area



Delivery Plan

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

Projected Need

		i rojecteu necu				20111	ory Option		
	Planned Direct	Key Characteristics	# Req'd		PSA			ls due to shold	
Discipline	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks
Additional Services									
Bio-Terrorism		# of FTE	0.0	0.0					
This service is responsible and associated policy dev		•	ergency resp	onse activitie	s, including em	erging infect	ious diseases	s, healthcare	security systems
Case Management		# of FTE	0.8	8.0					
Case Management provid	les professio	nal staff dedicated to insu	ıring a contir	nuum of care	and follow up fo	or chronically	ill or potentia	ally chronical	ly ill patients.
CHR		# of FTE	0.0	8.0					
Community Health repres basic health care screening		•				eferrals to ap	ppropriate age	encies, and a	ssist PHN staff with
Diabetes Program	<u> </u>	# of FTE	0.0	2.0					
The Diabetes Program pro		e diabetic patient's educa	tion and cas	e manageme		pective diabe	etic patient wi	ith preventive	education and
clinical screening. The pr					Podiatry care.				
Elder Care / Senior Se		# of FTE	0.0	0.0	a fau tha	with the -1-1-	Lungle die C	bution '	I functions to 11
Elder Care provides an opeducation and health bene				eacn progran	n for the commu	unity's elders	. Lunch distri	bution, socia	i runctions, health
EMS	251	Loc #1 - # of FTE	0.0	0.0		251			
LIVIO	201	# of Ambulances	0.0	0.0		201			
		Loc #2 - # of FTE	0.0	0.0					
		# of Ambulances	0.0	0.0					
		Loc #3 - # of FTE	0.0	0.0					
		# of Ambulances	0.0	0.0					
Emergency Medical Servi				e boundaries	of a service un	it. Ambulanc	es are availa	ble twenty-fo	ur hours a day seve
days a week, staffed with	State Certifie								
Security Security is responsible for	the sefetice	# of FTE	0.0	1.0	annal Itinalus	daa ah salaal	and with a of ma	which a late of	urra un dina arra un da
Security is responsible for and interiors of the facility.	-	na well being of nospital j	patients, visi	tors, and per	sonnei. It includ	ies priysicai	security of pa	arking iots, st	irrounaing grounas,
Transportation		# of FTE	0.0	2.0					
Transportation Departmer incurred for automotive op									
Tribal Health Administr	ration	# of FTE	0.0	0.0					
Tribal Health Administration control over their health a			quality heal	th services fo	r service unit re	sidents, whil	e encouragin	g more self-r	eliance and person
WIC		# of FTE	0.0	0.0					
WIC Program provides nu postpartum women, infant									reastfeeding,
Outreach Diabetes		# of FTE	0.0	2.0	7)				
Outreach Diabetes progra	m promotes				ifestyle for Nati	ve American	s through cor	nmunity outr	each, transportation
support, community/school							Ŭ	,	
Alternative Medicine		# of FTE	0.0	0.0					
This service provides natu	ıral, traditiona				ell as education	al services r	elated to vari	ous health is	sues. It also seeks
to alleviate concerns com									
Wellness Center		# of FTE	0.0	3.0					
Wellness Center provides support or cooperation wit					Americans of a	ll ages, actin	g either as a	n independei	nt service or in
Acudetox		# of FTE	0.0	2.0					
This service provides aurionvolved with the mental h		_		•	rovided to patie	nts with add	ictions, those	in crisis as v	vell as patients
Healthy Families		# of FTE	0.0	0.0					
An extension of the care of			ernal Child H	leatlh, focuse	d on enhancing	the parent/c	hild relations	hip while pro	moting child health
and preventing child abus	e and negled								
Tobacco		# of FTE	0.0	3.0					
Tobacco prevention and c		vices focus primarily on r	educing incid	dents of youth		ession as we	ll as reducing	g exposure to	second hand
smoke. It also encourage	s ionacco ce	ssaaon anougn euucallo	п апа рилпс	awai eriess t	vono.				

assessment & delivery wkbk - tucson urban program - Delivery Options © 2004



Delivery Plan

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

		Projected Need				Delive	ry Option:	S	
	Planned Direct	Key Characteristics	# Req'd		PSA Referrals due to Threshold				
Discipline	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks
Domestic Violence		# of FTE	0.0	0.0					
Promotes Native American		• ,		•		•	•		for sterilization, and
pre-natal/post-natal home	visits to disc	uss planning needs. It a	lso lowers ind	cidents of do	mestic violence	through prov	rision of vario	ous services.	
Dialysis Support		# of FTE	0.0	0.0					
Patient advocacy, translat	ion services,	nutrition counseling, edu	cation and tr	reatment coo	rdination in supp	port of Dialys	is Services.		
HIV		# of FTE	0.0	0.0					
Coordinates all educations with HIV/AIDS.	al services fo	r persons at high-risk for	contracting t	the virus whic	ch causes HIV/A	NDS. Case r	management	is also provi	ded to those living
ТВ		# of FTE	0.0	0.0					
Coordinates all services for	or persons wi	ho have or are at risk of I	naving tubero	ulosis. Prov	ides direct there	apy and educ	ation. Collab	orates servi	ces with TB
clinicians, ADHS and surre	ounding cour	nties.							
Maternal/Child Health		# of FTE	0.0	0.0					
Maternal and Child Health breastfeeding education/s		•							
Total FTE Staff			45.9						

January 5, 2005

Resource Allocation Plan



Resource Allocation

Compares # of Key Characteristics (KC) required in 2015 to the Existing Key Characteristics. Existing data was collected from the site visit questionnaires. Also projects necessary Contract Health \$ by Service Line as determined in the Delivery Plan.

		Direct Health Care					Contract Health Care			
Discipline	Planned Projected Provider Visits	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need	Planned Projected Provider Visits	Cost / Unit	Total CH Dollars		
Primary Care	Only					Only				
Family Practice	3,913	Providers	0.9	0.0	0%	0	\$32	\$0		
	Visiting Provid	ders to outlying areas.	4.0	0.0	00/					
		Provider Offices	1.0	0.0	0%					
Internal Medicine	0	Exam Rooms Providers	2.0 0.0	0.0	100%	0	\$32	\$0		
internal Medicine	_	ders to outlying areas.	0.0		10070	U	ΨΟΖ	ΨΟ		
	1.59	Provider Offices	0.0		100%					
		Exam Rooms	0.0		100%					
Pediatric	0	Providers	0.0		100%	0	\$74	\$0		
	Visiting Provid	ders to outlying areas.								
		Provider Offices	0.0		100%					
01.70		Exam Rooms	0.0		100%		0444	Φ0		
Ob/Gyn	0	Providers ders to outlying areas.	0.0		100%	0	\$144	\$0		
	VISITING PTOVIC	Provider Offices	0.0		100%					
		Exam Rooms	0.0		100%					
Primary Care Total	3,913	Providers	0.9	0.0	0%	0		\$0		
r mary care rotal	0,010	Provider Offices	1.0	0.0	0%	· ·		ΨΟ		
	Nursing Sup	port (RN+LPN+CNA)	1.4	0.0	0%					
		PC Nutritionist			100%					
		Exam Rooms	2.0	0.0	0%					
		Dept. Gross Sq. Mtrs	146.0	0.0	0%					
F	0	ED Day day	0.0		4000/	000	CO 40	# 000 400		
Emergency Care	0 Nurrain	ER Providers	0.0		100%	826	\$246	\$203,428		
	INUISII	ng Support (RN+LPN) Patient Spaces	0.0 0.0		100% 100%					
		Dept. Gross Sq. Mtrs			100%					
	Provider Visits		0.0		10070	Provider Visits				
Specialty Care	Only					Only				
Orthopedics	0	Providers	0.0		100%	0	\$184	\$0		
	Visiting Provid	ders to outlying areas.	0.0		4000/					
		Provider Offices Exam Rooms	0.0		100% 100%					
Ophthalmology	0	Providers	0.0		100%	0	\$237	\$0		
Oprimamology		ders to outlying areas.	0.0		10070	Ü	ΨΖΟΙ	ΨΟ		
		Provider Offices	0.0		100%					
		Exam Rooms	0.0		100%					
Dermatology	0	Providers	0.0		100%	0	\$77	\$0		
	Visiting Provid	ders to outlying areas.								
		Provider Offices	0.0		100%					
Conoral Cura-		Exam Rooms	0.0		100%	0	0100	¢ο		
General Surgery	0 Visiting Providen	Providers ders to outlying areas.	0.0		100%	0	\$166	\$0		
	visiting Provid	Provider Offices	0.0		100%					
		Exam Rooms	0.0		100%					
Otolaryngology	0	Providers	0.0		100%	0	\$143	\$0		
, 5 5,	Visiting Provid	ders to outlying areas.								
	-	Provider Offices	0.0		100%					
		Exam Rooms	0.0		100%					
Cardiology	0	Providers	0.0		100%	0	\$109	\$0		
	Visiting Provid	ders to outlying areas.	0.0		4000/					
		Provider Offices	0.0		100%					
Urology	0	Exam Rooms Providers	0.0		100% 100%	0	\$166	\$0		
Orology		ders to outlying areas.	0.0		10070	U	φισο	Ψυ		
	Violang i Tovic	Provider Offices	0.0		100%					
		Exam Rooms	0.0		100%					
		-				-		A CROUP		

assessment & delivery wkbk - tucson urban program - Resource Allocation @ 2004



Page 22 January 5, 2005

Resource Allocation Plan



Resource Allocation

Compares # of Key Characteristics (KC) required in 2015 to the Existing Key Characteristics. Existing data was collected from the site visit questionnaires. Also projects necessary Contract Health \$ by Service Line as determined in the Delivery Plan.

	Direct Health Care					Contract Health Care			
Discipline	Planned Projected	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need	Planned Projected	Cost / Unit	Total CH Dollars	
Neurology	0	Providers	0.0		100%	0	\$157	\$0	
	Visiting Provid	ders to outlying areas.							
		Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Other Subspecialties						567	\$155	\$88,070	
Nephrology		Providers	0.0		100%				
	Visiting Provid	ders to outlying areas.							
		Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Allergy		Providers	0.0		100%				
	Visiting Provid	ders to outlying areas.							
		Provider Offices	0.0		100%				
·		Exam Rooms	0.0		100%				
Pulmonology		Providers	0.0		100%				
	Visiting Provid	ders to outlying areas.							
		Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Gerontology		Providers	0.0		100%				
	Visiting Provid	ders to outlying areas.							
		Provider Offices	0.0		100%				
·		Exam Rooms	0.0		100%				
Gastroenterology		Providers	0.0		100%				
	Visiting Provid	ders to outlying areas.							
		Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Rheumatology		Providers	0.0		100%				
	Visiting Provid	ders to outlying areas.							
		Provider Offices	0.0		100%				
0		Exam Rooms	0.0		100%				
Oncology		Providers	0.0		100%				
	Visiting Provid	ders to outlying areas.	0.0		4000/				
		Provider Offices	0.0		100%				
Dedictors Constice	· 	Exam Rooms	0.0		100%				
Pediatric-Genetics		Providers	0.0		100%				
	Visiting Provid	ders to outlying areas.	0.0		4000/				
		Provider Offices	0.0		100%				
Traditional Hashan		Exam Rooms Providers	0.0		100%				
Traditional Healing			1.0		0%				
		Provider Offices	1.0		0%				
Podiatry Visits	0	Exam Rooms Podiatrists	1.0		0% 100%	0	\$0	\$0	
Podiatry visits		ders to outlying areas.	0.0		100%	U	φU	ΦU	
	Visiting Provid	Podiatry Offices	0.0		1000/				
		•	0.0		100%				
Specialty Caro Sub Total	0	Exam Rooms Exam Rooms	1.0	0.0	100%	567		\$88,070	
Specialty Care Sub-Total	U	Provider Offices	1.0	0.0	0% 0%	367		φου,070	
		Dept. Gross Sq. Mtrs		0.0	0% 0%				
	-	Dopt. Gloss Sq. Mills	13.0		U //0				
Total In-House Providers	3,913	Providers	1.9	0.0	0%				
Visiting Professional Clinic	3,860	Exam	2.0	0.0	0%				
		Provider Offices	1.0	0.0	0%				
		Dept. Gross Sq. Mtrs	82.0	0.0	0%				

January 5, 2005

Resource Allocation Plan



Resource Allocation

Compares # of Key Characteristics (KC) required in 2015 to the Existing Key Characteristics. Existing data was collected from the site visit questionnaires. Also projects necessary Contract Health \$ by Service Line as determined in the Delivery Plan.

	Direct Health Care					Contract Health Care			
				Exist KC					
	Planned	Key Characteristics	# Req'd in	(From		Planned	Cost /	Total CH	
Discipline	Projected	(KC)	2015	Quest.)	% of Need	Projected	Unit	Dollars	
Other Ambulatory Care Services									
Dental Service Minutes	182,020	Dentists	1.1	0.0	0%	0	\$0	\$0	
	Visiting Provid	ders to outlying areas.							
		Hygienists	0.6	0.0	0%				
		Dental Chair	3.0	0.0	0%				
		Dept. Gross Sq. Mtrs	123.0	0.0	0%				
Optometry Visits	0	Optometrist	0.0		100%	0	\$0	\$0	
	Visiting Provid	ders to outlying areas.							
		Provider Offices	0.0		100%				
		Eye Lanes	0.0		100%				
		Dept. Gross Sq. Mtrs	0.0		100%				
Dialysis Patients	0	Dialysis Stations	0.0		100%	0	\$309	\$0	
		Dept. Gross Sq. Mtrs	0.0		100%		A		
Audiology Visits	0	Audiologists	0.0		100%	0	\$112	\$0	
	Visiting Provid	ders to outlying areas.	0.0		4000/				
		Audiologist Offices	0.0		100%				
		Audiology Booths	0.0		100%				
		Dept. Gross Sq. Mtrs	0.0		100%	-			
Behavioral Health									
Mental Health Visits		Counselors	1.3		0%				
Psychiatry	_	Counselors	0.0		100%				
Social Service Visits		Counselors	0.7		0%				
Alcohol & Substance Abuse	Inc. in IHS SS	Counselors	4.0	1.0	25%				
Behavioral Health Total		Total Counselors	5.9	1.0	17%	0	\$194	\$0	
	Visiting Provid	ders to outlying areas.							
		Counselor Offices	6.0	8.0	133%				
		Dept. Gross Sq. Mtrs	156.0	178.0	114%				
Inpatient Care									
Births	0	LDRPs	0.0		100%	41	\$1,677	\$69,382	
	_	Dept. Gross Sq. Mtrs			100%	-	_		
Obstetric Patient Days	0	Post Partum beds	0.0		100%	89			
		Dept. Gross Sq. Mtrs			100%				
Neonatology Patient Days	0	# of Bassinets	0.0		100%	117	\$886	\$103,264	
		Dept. Gross Sq. Mtrs	0.0		100%				
Pediatric Patient Days	0	# of Beds	0.0		100%	104	\$886	\$92,548	
A ded Made at a la A sed a O se		Dept. Gross Sq. Mtrs			100%	200		#400 202	
Adult Medical Acute Care	0	# of Beds	0.0		100%	208	\$527	\$109,303	
Adult Curainal Assits Cass	- 0	Dept. Gross Sq. Mtrs			100%	102	# E07	¢104 c07	
Adult Surgical Acute Care	0	# of Beds Dept. Gross Sq. Mtrs	0.0 0.0		100% 100%	193	\$527	\$101,607	
Intensive Care Patient Days	0	# of Beds	0.0		100%	63	\$527	\$33,034	
intensive Care Fatterit Days	U	Dept. Gross Sq. Mtrs	0.0		100%	03	φυΖΙ	φυυ,υυ4	
Psychiatric Patient Days	0	# of Beds	0.0		100%	39	\$619	\$24,331	
i Sycillatile i atterit Days	U	Dept. Gross Sq. Mtrs	0.0		100%	39	ΨΟΙΘ	Ψ24,331	
Medical Detox Patient Days	0	# of Beds	0.0		100%	7	\$1,006	\$6,668	
Modical Dolox I alient Days	- O	Dept. Gross Sq. Mtrs			100%	•	ψ1,000	ψ0,000	
Sub Acute/Transitional Care	0	# of Beds	0.0		100%				
Cab Acute/ Harisitional Cale	- O	Dept. Gross Sq. Mtrs			100%				
Inpatient Care Total	0	# of patient beds	0.0	0	100%	819		\$540,137	
Jane 1 old	Ü	Dept. Gross Sq. Mtrs		0	100%	3.0		ψο . σ, το /	
		1							

assessment & delivery wkbk - tucson urban program - Resource Allocation @ 2004

Page 24 January 5, 2005

Resource Allocation Plan



Resource Allocation

Compares # of Key Characteristics (KC) required in 2015 to the Existing Key Characteristics. Existing data was collected from the site visit questionnaires. Also projects necessary Contract Health \$ by Service Line as determined in the Delivery Plan.

	Direct Health Care				Contract Health Care			
	Planned	Key Characteristics	# Req'd in	Exist KC (From		Planned	Cost /	Total CH
Discipline	Projected	(KC)	2015	Quest.)	% of Need	Projected	Unit	Dollars
Ancillary Services								
Laboratory Services						•		
Clinical Lab	6,624	Tech staff @ peak	0.7		0%			
Microbiology Lab	0	Tech staff @ peak	0.0		100%			
Blood Bank	0	Tech staff @ peak	0.0		100%			
Anatomical Pathology	0	Tech staff @ peak	0.0		100%			
Lab Total	6,624	Tech staff @ peak Dept. Gross Sq. Mtrs	0.7 22.1	0.0	0% 0%	1,046	\$209	\$218,597
Pharmacy	18,832	Pharmacists Dept. Gross Sq. Mtrs	1.0 52.8		0% 0%	0		\$0
Acute Dialysis	0	Rooms	0.0		100%			
		Dept. Gross Sq. Mtrs	0.0		100%			
Diagnostic Imaging								
Radiographic exams	0	Rooms	0.0		100%	0	\$233	\$0
Ultrasound Exams	0	Rooms	0.0		100%	0	\$186	\$0
Mammography Exams	0	Rooms	0.0		100%	0	\$88	\$0
Fluoroscopy Exams	0	Rooms	0.0		100%	48	\$18	\$876
CT	0	Rooms	0.0		100%	47	\$545	\$25,401
MRI exams	0	Rooms	0.0		100%	32	\$817	\$26,470
Diagnostic Imaging Total	0	Radiologists Dept. Gross Sq. Mtrs	0.0		100%	127		\$52,747
Nuclear Medicine	0	Rooms	0.0		100%	0	\$386	\$0
Nuclear Medicine	U	Dept. Gross Sq. Mtrs			100%	U	φυσου	φυ
Radiation Oncology	0	Rooms	0.0		100%			
readiation oncology	J	Dept. Gross Sq. Mtrs			100%			
Chemotherapy	0	Patient Spaces	0.0		100%	0	\$300	\$0
Rehabilitation Services		Dept. Gross Sq. Mtrs	0.0		100%			
PT Visits		Therapy FTE	0.0		100%			
OT Visits	-	Therapy FTE	0.0		100%			
Speech Therapy Visits		Therapy FTE	0.0		100%			
Rehab Total	0	Therapy FTE	0.0	0.0	100%	0	\$257	\$0
		Dept. Gross Sq. Mtrs			100%			
RT Workload Minutes	0	Therapy FTE	0.0		100%	8,589		\$0
		Dept. Gross Sq. Mtrs	0.0		100%			
Cardiac Catheterization	0	Rooms	0.0		100%	10	\$3,159	\$31,991
	-	Dept. Gross Sq. Mtrs	0.0		100%			
Surgery								
Outpatient Endoscopy Cases	0	Endoscopy Suites	0.0		100%	27	\$1,270	\$34,296
Outpatient Surgery Cases	0	Outpatient ORs	0.0		100%	111	\$2,622	\$292,115
Inpatient Surgical Cases	0	Inpatient ORs	0.0		100%	28		\$0
		# of Pre-Op Spaces	0.0		100%			
		# of PACU Spaces	0.0		100%			
Surgical Case Total	0	# of Phase II Spaces # of ORs	0.0	0.0	100% 100%	166		\$326,411
Surgical Case Total	0	Dept. Gross Sq. Mtrs		0.0	100%	100		φ320,411
Administrative Support								
Administration		# of FTE	6.4	4.2	65%			
		Dept. Gross Sq. Mtrs		115.4	94%			
Information Management		# of FTE	1.0	0.3	30%			
3		Dept. Gross Sq. Mtrs			0%			
Health Information Mngmt.		# of FTE	3.7	0.4	11%			
č		Dept. Gross Sq. Mtrs	28.7	22.1	77%			
Business Office		# of FTE	4.0		0%			
		Dept. Gross Sq. Mtrs		9.5	16%			
Contract Health		# of FTE	2.7		0%			
		Dept. Gross Sq. Mtrs	40.3		0%			

assessment & delivery wkbk - tucson urban program - Resource Allocation @ 2004



January 5, 2005

Page 25

Resource Allocation Plan



Resource Allocation

Compares # of Key Characteristics (KC) required in 2015 to the Existing Key Characteristics. Existing data was collected from the site visit questionnaires. Also projects necessary Contract Health \$ by Service Line as determined in the Delivery Plan.

		Direct Hea	alth Care			Cont	ract Healt	h Care
Discipline	Planned Projected	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need	Planned Projected	Cost / Unit	Total CH Dollars
Facility Support Services	•							
Clinical Engineering		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs	0.0		100%			
Facility Management	•	# of FTE	2.3		0%	Currently in	Rental Co	ntract
		Dept. Gross Sq. Mtrs	32.9		0%			
Central Sterile		# of FTE	0.7		0%			
		Dept. Gross Sq. Mtrs	29.8		0%			
Dietary		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs	0.0		100%			
Property & Supply		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs	0.0	23.0	100%			
Housekeeping & Linen		# of FTE	3.3		0%	Currently in	Rental Co	ntract
	-	Dept. Gross Sq. Mtrs	11.0	2.8	25%			
Preventive Care								
Public Health Nursing		# of FTE	3.4		0%			
	Visiting Provid	lers to outlying areas.	0		0,70			
		Dept. Gross Sq. Mtrs	60.2		0%			
Public Health Nutrition		# of FTE	0.9		0%			
	Visiting Provid	lers to outlying areas.						
	ŭ	Dept. Gross Sq. Mtrs	10.4		0%			
Environmental Health		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs	0.0		100%			
Health Education		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs	0.0	35.3	100%			
Case Management	Inc. in IHS SS	# of FTE	0.8	0.0	0%			
	Visiting Provid	lers to outlying areas.						
		Dept. Gross Sq. Mtrs	14.1	0.0	0%			
CHR	Inc. in IHS SS		8.0	4.0	50%			
*Includes Gen. Case Mgmnt.	·	Dept. Gross Sq. Mtrs	108.8	24.5	23%			
Diabetes Program	Inc. in IHS SS		2.0	0.0	0%			
	<u></u>	Dept. Gross Sq. Mtrs	35.2	0.0	0%			
Wellness Center	Inc. in IHS SS		3.0	2.5	83%			
		Bldg. Gross Sq. Mtrs.		116.7	43%			
WIC	Inc. in IHS SS		0.0	0.0	100%			
		Dept. Gross Sq. Mtrs	0.0	0.0	100%			
Additional Services - IHS Sup	pported							
Hostel Services	- p <u></u>	Rooms	0.0		100%			
Tiodor Corvidos		Dept. Gross Sq. Mtrs	0.0		100%			
EMS	Inc. in IHS SS		0.0	0.0	100%	251	\$581	\$145,912
		# of Ambulances	0.0	0.0	100%	20.	ψου.	Ψσ,σ.=
		Dept. Gross Sq. Mtrs	0.0	0.0	100%			
Security	Inc. in IHS SS		1.0	0.0	0%			
•		Dept. Gross Sq. Mtrs		0.0	0%			
Transportation		# of FTE	2.0	1.0	50%	0	\$546	\$0
· 		Dept. Gross Sq. Mtrs		12.2	45%			
Total FTE Staff - IHS or IHS	638 RRM Sup	pported	45.9	13.2	29%	64.7		quired IHS able Staff
Total Building Gross Squa	re Meters		2,172	889	41%			

THE INNOVA GROUP

Resource Allocation Plan



Resource Allocation

Compares # of Key Characteristics (KC) required in 2015 to the Existing Key Characteristics. Existing data was collected from the site visit questionnaires. Also projects necessary Contract Health \$ by Service Line as determined in the Delivery Plan.

		Direct Hea	alth Care			Contract Health Car			
Discipline	Planned Projected	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need	Planned Projected	Cost / Unit	Total CH Dollars	
Substance Abuse Non-									
Acute Care									
Adult Desidential Treatment	0	# of Beds	0.0		100%				
Adult Residential Treatment		Dept. Gross Sq. Mtrs	0.0		100%				
Adolescent Residential	0	# of Beds	0.0		100%				
Treatment		Dept. Gross Sq. Mtrs	0.0		100%				
Substance Abuse Transitional	0	# of Beds	0.0		100%				
Care		Dept. Gross Sq. Mtrs	0.0		100%				
Total SANAC - Building Gro	ss Sauara M	otors	0	0	100%				
Additional Services - Non-IHS	Supported								
Elder Care									
Nursing Home	0	# of patient beds	0.0		100%				
_		Bldg. Gross Sq. Mtrs.	0.0		100%				
Assisted Living	0	# of patient beds	0.0		100%				
		Bldg. Gross Sq. Mtrs.	0.0		100%				
Hospice	0	# of patient beds	0.0		100%				
		Bldg. Gross Sq. Mtrs.	0.0		100%				
Elder Care / Senior Services		# of FTE	0.0	0.0	100%				
		Bldg. Gross Sq. Mtrs.	0.0	0.0	100%				
Home Health Care	0	# of Home Health Care FTE	0.0		100%	11	\$0	\$0	
		Bldg. Gross Sq. Mtrs.	0.0		100%				
Elder Care Total	0	# of patient beds	0	0	100%				
		Bldg. Gross Sq. Mtrs.	0	0	100%				
Total Elder Care - Building Gross Square Meters				0	100%				

assessment & delivery wkbk - tucson urban program - Resource Allocation @ 2004

Page 27 January 5, 2005

Resource Allocation Plan



Resource Allocation

Compares # of Key Characteristics (KC) required in 2015 to the Existing Key Characteristics. Existing data was collected from the site visit questionnaires. Also projects necessary Contract Health \$ by Service Line as determined in the Delivery Plan.

		Direct Hea	alth Care			Contr	h Care	
Discipline	Planned Projected	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need	Planned Projected	Cost / Unit	Total CH Dollars
Miscellaneous Services								
Tribal Health Administration		# of FTE	0.0	0.0	100%			
		Dept. Gross Sq. Mtrs	0.0	0.0	100%			
Outreach Diabetes	· · · · · · · · · · · · · · · · · · ·	# of FTE	2.0	1.0	50%			
(HOPP for TON)		Bldg. Gross Sq. Mtrs.	27.2	23.9	88%			
Tobacco		# of FTE	3.0	2.0	67%			
		Bldg. Gross Sq. Mtrs.	40.8	18.6	46%			
Acudetox		# of FTE	2.0	0.0	0%			
Acudeitix		Bldg. Gross Sq. Mtrs.	27.2	17.8	66%			
Hoolthy Familias		# of FTE	0.0	0.0	100%			
Healthy Families		Bldg. Gross Sq. Mtrs.	0.0	0.0	100%			
Maternal/Child Health		# of FTE	0.0	0.0	100%			
		Bldg. Gross Sq. Mtrs.	0.0	0.0	100%			
Alternative Medicine		# of FTE	0.0	0.0	100%			
		Bldg. Gross Sq. Mtrs.	0.0	0.0	100%			
Bio-Terrorism		# of FTE	0.0	0.0	100%			
		Bldg. Gross Sq. Mtrs.	0.0	0.0	100%			
Domestic Violence		# of FTE	0.0	0.0	100%			
		Bldg. Gross Sq. Mtrs.	0.0	0.0	100%			
HIV		# of FTE	0.0	0.0	100%			
		Bldg. Gross Sq. Mtrs.		0.0	100%			
ТВ		# of FTE	0.0	0.0	100%			
		Bldg. Gross Sq. Mtrs.	0.0	0.0	100%			
Dialysis Support		# of FTE	0.0	0.0	100%			
		Bldg. Gross Sq. Mtrs.		0.0	100%			
Miscellaneous Services Buil	lding Gross S		95	60	63%			
Grand Total - Total Building	Gross Squar	re Meters	2,267	950	42%	Contract Hea		\$1,403,864
						Other Expen		\$575,584
						Inflation Ad	inneted	

Inflation Adjusted \$2,652,461 CHS \$ - Total



assessment & delivery wkbk - tucson urban program - Resource Allocation © 2004